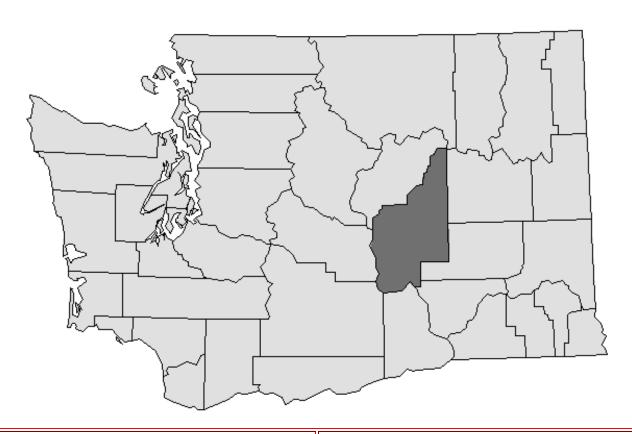
# County Profile of Substance Use and Need for Treatment Services in Grant County



Washington State Department of Social and Health Services

Division of Alcohol and Substance Abuse

**Research and Data Analysis** 

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#### The Purpose of This Report

The purpose of this report is to provide local planners and evaluators with information that can be used to compare need for and utilization of substance abuse services in counties and demographic subpopulations. The methods used for these county profiles update and improve upon the analyses presented in the first set of county profiles published in 1996. The new county profiles are also complemented by a more comprehensive report located on the DSHS Internet site which includes more detail on methods and additional breakdowns of results. The shorter county profiles are designed to summarize county-specific information and to be printable for distribution as a paper report. Each county profile provides the following:

- estimates of the demographic characteristics of each county population;
- estimates of substance use, substance use disorder, and need for treatment based on the Washington State Needs Assessment Household Survey (WANAHS);
- service utilization data from the Division of Alcohol and Substance Abuse's treatment assessment database (TARGET); and
- comparisons of need for services and use of services both county-wide and by demographic subgroup

#### The Washington Needs Assessment Household Survey (WANAHS)

The WANAHS was a statewide survey of over 7,000 adults designed to measure the prevalence of substance use and need for treatment. It was conducted over a 14-month period from September 1993 through October 1994. Funding was provided by a grant from the Federal Center for Substance Abuse Treatment. The Washington State Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) section conducted the project on behalf of the DSHS Division of Alcohol and Substance Abuse. Telephone interviewing was provided by Washington State University's Social and Economic Sciences Center. The WANAHS sample included large numbers of minorities and other special groups in order to facilitate demographic analyses. The WANAHS sample included approximately equal numbers of interviews with African Americans, Asians, Hispanics, American Indians, and non-Hispanic Whites. Additional samples of people living at or below 200% of the Federal Poverty Level (FPL), rural residents, and women were interviewed adding coverage of important, but sometimes overlooked, populations. The survey instrument had questions about current and past use of or dependence on major drugs of abuse. Further details of the interviewing and survey methods are provided in the more detailed on-line report. Upon weighting the WANAHS sample to match the actual population distribution, the survey provides direct statewide estimates of substance use and as well as the need for substance abuse services. A statewide profile is also available as a companion report.

Methods for Estimating County-level Prevalence Rates. In order to derive current county level estimates for substance use, abuse and need for treatment from the statewide survey, it was necessary to construct a demographically specified population matrix for each county against which the statewide survey-based rates could be applied. The population matrix contained counts of persons in all groups defined by age, sex, race, marital status, high school graduation, poverty status (at or below 200% of the Federal Poverty Level), and residence type. The population groups were developed from 1990 U. S. decennial census data and updated with current estimates for age, sex, and race from DSHS. All annual estimated and forecasted population figures are adjusted to match official Washington State population figures from the Office of Financial Management.

The substance use variables from the WANAHS were analyzed by the demographic variables listed above. Logistic regression models estimated rates for each cell in the demographic matrix. Differences

between counties in estimated rates of substance abuse result from the demography of the county. For example, counties with higher proportions of young adults will have higher rates of current substance use than counties with lower proportions of young adults, because young adults are more likely to be using substances. Similarly, since married persons are less likely to report substance use, a county with more married people will have a lower estimate of need. Details for this method, often referred to as synthetic estimation, are provided in a more comprehensive on-line report.

#### Measures of Substance Use, Substance Use Disorder, and Need for Treatment

The WANAHS obtained measures of use and abuse for many different substances. Those have been presented in previous DASA reports. Some of those measures are also reported here in Tables 2 and 3. Note that tobacco use was not included in the survey. Basic measures of use include having: a) ever used a substance (lifetime use), b) used a substance in the past 12 months (past 18 months for alcohol), and c) used a substance in the past 30 days (current). In addition, the household survey incorporated items and scales from the widely used Diagnostic Interview Schedule (DIS) to assess the substance-related diagnoses of the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition - Revised (DSM-III-R). Lifetime and past 18 month measures of substance abuse and substance dependence were obtained. Table 1 shows the symptom constructs which are part of the DSM-III-R diagnoses of substance abuse and dependence. Although there have been some changes in the diagnostic criteria with the release of DSM-IV, those are unlikely to greatly affect the present findings.

#### Table 1. DSM III-R Symptoms of Substance Dependence

Three or more of the following:

- 1. Substance is often taken in larger amounts or over a longer period than the person intended.
- 2. Persistent desire or one or more unsuccessful attempts to cut down or control substance use.
- 3. Great deal of time spent in activities necessary to get the substance, taking the substance or recovering from its effects.
- 4. Frequent intoxication or withdrawal when expected to fulfill major role obligations or when use is physically hazardous.
- 5. Important social, occupational or recreational activities given up or reduced because of substance use.
- 6. Continued use despite knowledge of having a persistent or recurrent social, psychological or physical problem.
- 7. Marked tolerance or markedly diminished effect with continued use of same amount.
- 8. Characteristic withdrawal symptoms.
- 9. Substance often taken to relieve or avoid withdrawal symptoms.

Specific assessment criteria for several measures of problem use are presented below:

#### **DSM-III-R Lifetime Dependence**: A person is diagnosed with lifetime dependence if:

- 1. they have ever had three or more symptoms of dependence, and
- 2. at least two of those symptoms lasted a month or more or occurred repeatedly over a longer period of time.

#### **DSM-III-R Lifetime Abuse:** A person is diagnosed with lifetime abuse if:

- 1. they do not have a lifetime diagnosis of substance dependence;
- 2. they have ever continued substance use despite having recurrent social, occupational, psychological or physical problems exacerbated by it OR used repeatedly in situations where use is physically hazardous (determined from a subset of questions used to assess dependence symptoms); and
- 3. at least one symptom lasted a month or more or occurred repeatedly over a longer period of time.

**Past 18 Month Substance Use Disorder:** A person is diagnosed with a past 18 month substance use disorder if:

- 1. they have a diagnosis of lifetime dependence or abuse;
- 2. they have used a substance in the last 18 months, and
- 3. they have experienced a DSM-III-R abuse or dependence symptom in the last 18 months.

#### **Past Year Need for Treatment:** A respondent needs treatment during the past year if:

- 1. they have a past 18 month substance use disorder; OR,
- 2. they "ever had a problem or felt addicted to alcohol or drugs" AND used alcohol or drugs regularly during the past 18 months (i.e. they drank an average of 3 drinks per drinking day at least once per week OR they used marijuana 50 times or more OR they used any other illicit drug 11 times or more); OR,
- 3. they have received licensed residential or outpatient treatment services during the past 12 months; OR,
- 4. they have maintained a very high level of alcohol or drug use during the past 18 months (i.e. they drank an average of 4 drinks per drinking day at least 3 to 4 times per week OR they used any illicit drug 50 times or more).

#### Population Groups for Analysis

Overall prevalence estimates for the various measures of substance use, disorder, and need for treatment in Table 2 and the demographically-specific estimates of treatment need in Table 3 are given for three primary populations of interest:

- entire adult population (age 18+) including those living in households, institutions (prisons, hospitals, and nursing homes) and group quarters (military barracks, college dorms, shelters). Residential setting is defined according to the U.S. Bureau of the Census definition. The estimates for this population are based on WANAHS survey rates, except that for the institutional population, particularly those in prison, the rates in the WANAHS survey have been inflated beyond the rates for corresponding demographic cell in the household population to compensate for higher rates in these institutional populations.
- **adult population living in households** regardless of poverty status. Estimates for this column come directly from the WANAHS.
- adult population living in households and living at or below 200% of the Federal Poverty Level (FPL). Estimates for this population are based on a subset of survey respondents living at or below 200% of the federal poverty guidelines which approximates people potentially eligible for publicly funded treatment services. The proportion of persons in poverty is not updated from the 1990 census data but is adjusted with changes in age, sex, and race.

#### Estimates of Substance Use, Disorder, and Need for Treatment

Table 2 presents current, one-year, and lifetime estimates for a variety of alcohol and drug measures. Within each of the columns is a presentation of the estimated number of cases and percent (the rate per 100) of adults estimated to be in need. The population base or denominators for the percentages can be found in the Total row of Table 3.

Table 2. Estimates of Substance Use, Disorder, and Service Need for 1998 for Grant County

	Entire Adult Population*			Adult Household Residents		Adults at or below 200% of Poverty	
Need for treatment	Cases	Rate	Cases	Rate	Cases	Rate	
Current Need for Substance Treatment	4,278	8.9	4,215	8.9	1,843	8.9	
Alcohol or Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Alcohol or Drug Use Disorder	6,102	12.7	6,030	12.7	2,643	12.8	
Past 18-Month Alcohol or Drug Use Disorder	3,013	6.3	2,974	6.2	1,329	6.4	
Alcohol disorder	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Alcohol Use Disorder	4,850	10.1	4,796	10.1	1,980	9.6	
Past 18-Month Alcohol Use Disorder	2,787	5.8	2,754	5.8	1,149	5.6	
Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Drug Use Disorder	2,132	4.4	2,101	4.4	1,084	5.3	
Past 18-Month Drug Use Disorder	675	1.4	663	1.4	387	1.9	
Alcohol use	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Use of Alcohol	43,220	89.8	42,725	89.8	17,522	85.0	
Past 18-Month Use of Alcohol	31,640	65.7	31,280	65.7	11,210	54.4	
Past 30-Day Use of Alcohol	24,234	50.4	23,968	50.4	8,140	39.5	
Use of any drug	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Use of Any Illicit Drug	16,588	34.5	16,410	34.5	6,719	32.6	
Past 12-Month Use of Any Illicit Drug	3,764	7.8	3,698	7.8	1,600	7.8	
Past 30-Day Use of Any Illicit Drug	2,025	4.2	1,987	4.2	930	4.5	
Marijuana use	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Use of Marijuana	15,783	32.8	15,614	32.8	6,286	30.5	
Past 12-Month Use of Marijuana	3,391	7.0	3,332	7.0	1,384	6.7	
Past 30-Day Use of Marijuana	1,860	3.9	1,825	3.8	808	3.9	
Stimulant use	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Use of Stimulants	7,290	15.1	7,196	15.1	3,526	17.1	
Past 12-Month Use of Stimulants	968	2.0	946	2.0	560	2.7	
Past 30-Day Use of Stimulants	420	0.9	414	0.9	199	1.0	
Cocaine use	Cases	Rate	Cases	Rate	Cases	Rate	
Lifetime Use of Cocaine	5,240	10.9	5,176	10.9	2,199	10.7	
Past 12-Month Use of Cocaine	678	1.4	661	1.4	392	1.9	
Past 30-Day Use of Cocaine	319	0.7	314	0.7	169	0.8	

<sup>\*</sup> Includes institutions and group quarters

#### Estimates of Current Need for Substance Abuse Services

Table 3 presents estimates of the prevalence of current need for substance abuse services by demographics. As in the previous table, the columns correspond to the total adult population, the household adult population, and adults in households at or below 200% of the Federal Poverty Level. These have current need estimates of 10.4%, 10.1%, and 11.9%, respectively. As can be seen, there is

substantial demographic variability in the estimated rates with higher estimates of need for: younger persons, men, American Indian or Alaskan Natives and Whites, those never married, high school graduates, and those living at or below 200% of poverty. Estimates are also higher for those in institutions and group quarters.

Table 3. Estimates of Current Need for Substance Abuse Treatment for Grant County for 1998

	Entire Ad	ult Populat	ion*	Adult Household Residents			Adults at o	Adults at or below 200% Poverty		
Group	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Total	4,278	48,126	8.9	4,215	47,600	8.9	1,843	20,624	8.9	
Age	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
01-17	Not	Available		Not	Available		N	lot Available		
18-24	1,297	5,761	22.5	1,266	5,608	22.6	652	3,295	19.8	
25-44	2,139	19,600	10.9	2,130	19,540	10.9	939	9,286	10.1	
45-64	656	14,108	4.6	650	14,055	4.6	184	4,155	4.4	
65+	186	8,657	2.2	168	8,397	2.0	67	3,888	1.7	
Sex	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Male	2,938	23,911	12.3	2,886	23,665	12.2	1,240	9,689	12.8	
Female	1,340	24,214	5.5	1,328	23,935	5.5	603	10,935	5.5	
Ethnicity	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
White-NH	3,373	35,522	9.5	3,325	35,129	9.5	1,323	12,550	10.5	
Black-NH	34	497	6.9	29	456	6.4	17	235	7.1	
Asian	11	610	1.8	10	596	1.7	2	104	2.2	
Native Am.**	71	459	15.4	70	456	15.3	34	220	15.2	
Hispanic	789	11,037	7.1	781	10,963	7.1	468	7,515	6.2	
Marital	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Married	2,055	32,613	6.3	2,049	32,547	6.3	779	12,058	6.5	
Div/Sep/Wid	773	8,618	9.0	756	8,344	9.1	391	4,911	8.0	
Never Mar	1,450	6,895	21.0	1,409	6,709	21.0	673	3,655	18.4	
Education	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Not HS Grad	1,339	16,955	7.9	1,308	16,660	7.9	590	10,425	5.7	
HS Graduate	2,939	31,171	9.4	2,906	30,940	9.4	1,253	10,199	12.3	
Poverty	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Below 200%	1,896	21,085	9.0	1,843	20,624	8.9	1,843	20,624	8.9	
Above 200%	2,382	27,041	8.8	2,371	26,976	8.8	0	0		
Residence	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Residential	4,215	47,600	8.9	467,231	47,600	981.6	1,843	20,624	8.9	
Institutional	31	352	8.7		0		0	0		
Group quarters	33	174	18.8		0		0	0		

<sup>\*</sup> Includes institutions and group quarters

<sup>\*\*</sup> American Indian or Alaskan Native.

#### **Treatment Assessment Report Generation Tool**

The Division of Alcohol and Substance Abuse maintains a database of services provided under its programs. This is called the Treatment Assessment Report Generation Tool (TARGET). Reporting is required for treatment agencies providing public sector contracted or funded treatment services and optional for private pay individuals served. Thus TARGET includes data on services provided by or funded by DASA. Although sometimes included in TARGET, we did not report services funded by private payment, or private insurance, or services provided by private practitioners or detoxification provided as part of a medical admission. TARGET information collection is based on establishing a baseline at admission to treatment and capturing/identifying changes to that baseline upon discharge thus providing information on progress during treatment.

The present report draws from services data in TARGET provided to the non-institutionalized population during the five-year period from 1994 through 1998. DASA services provided to prisoners through the Department of Corrections are not included in this report. The services are summarized in three types of units designated: clients, admissions, and volume.

- \* *Clients* designates the number of persons who have received DASA services within the year for each of the reported categories. These counts are unduplicated such that a person only counts once for a reported type of service even if they have received multiple instances of service within that type.
- \* Admissions (admits) designates the number of identified admissions to programs within a type, and can be duplicated for an individual if that person is readmitted to the same service or is admitted to a different service within the same reporting category. When a person is admitted once for services spanning the end of a year, the admission is credited proportionally to both years. Thus a person admitted on December 1 and discharged on January 31 would be counted as having half an admission in each year.
- \* *Volume* is a measure of contacts. For inpatient and residential services the unit of volume is the day. A day is credited for each whole or partial day in the program. A person admitted today and discharged tomorrow would count as having two days in the program. For outpatient programs the unit of volume is the contact/visit. Thus a person who had individual therapy on Monday and Friday of a week would be credited with two visits, as would a person having an individual and a group therapy visit on the same day.

We have provided summaries of service usage in two categorizations. The primary categories for reporting services are by the modality indicated on the admission record. These include a number of specific modalities such as "intensive inpatient", and "long term residential." These detailed modalities are summarized into 1) inpatient, 2) outpatient, 3) methadone and 4) total, for most tables. In addition to summaries by modality, we have provided summaries by specific type of activity within the outpatient and methadone modalities. Although not included in the summaries above, we have also included "detox," "transitional housing," and "dual diagnosis" tabulations under the category "supportive interventions."

#### Service Trends from TARGET Database

Table 4 presents the service summary trends for the time period from 1994 to 1998. It includes inpatient, outpatient, methadone, and total. Generally, patterns are consistent over time with some suggestion of decreased inpatient usage over time.

Table 4. Service Trends for 1994-1998 for Grant County								
Clients	1994	1995	1996	1997	1998			
Inpatient Summary	94	132	112	103	81			
Outpatient Summary	297	341	339	331	313			
Methadone Summary	1	2	0	0	0			
Total (Inpatient,Outpatient,Methadone)	355	412	392	392	351			
Admits	1994	1995	1996	1997	1998			
Inpatient Summary	99	146	123	103	83			
Outpatient Summary	248	234	259	265	226			
Methadone Summary	2	0	0	0	0			
Total (Inpatient,Outpatient,Methadone)	349	380	382	368	309			
Volume	1994	1995	1996	1997	1998			
Inpatient summary - days	2,654	4,193	3,604	3,150	2,474			
Outpatient summary - services	4,595	4,621	4,669	4,487	4,696			
Methadone summary - services	67	73	0	0	0			

Note: Total service volume is omitted because it would mix days and services.

### Service Use by Modality and Activity

Table 5 presents the detailed breakout of service utilization by modality and activity. Specifically, within inpatient, outpatient, and methadone modalities, specific service activities are identified. For each modality and activity the number of clients, number of admissions, and service volumes are presented. The average volume per admission is also presented.

Table 5. Service Use by Modality and Ac	ctivity for	r 1998 for	Grant Co	ounty
SERVICE SUMMARIES	Clients	Admissions	Volume	Volume/Adm.
Inpatient Summary	81	83	2,474	29.8
Outpatient Summary	313	226	4,696	20.8
Methadone Summary	0	0	0	
Any Treatment	351	309	Not appl.	Not appl.
INPATIENT	Clients	Admissions	Volume	Volume/Adm.
II -Intensive Inpatient	64	63	1,517	24.1
LT -Long Term Residential	5	4	221	55.3
MR -MICA Residential	5	2	198	99.0
EC -Extended Care	3	3	74	24.7
RH -Recovery House	13	11	464	42.2
OUTPATIENT MODALITY	Clients	Admissions	Volume	Volume/Adm.
MO -MICA Outpatient	0	0	0	
GC -Group Care	0	0	0	
OP -Outpatient	313	226	4,696	20.8
METHADONE MODALITY	Clients	Admissions	Volume	Volume/Adm.
MT -Methadone Rx	0	0	0	
OUTPATIENT ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
OP-I Individual	236	207	651	3.1
OP-G Group	286	244	3,933	16.2
OP-J Conjoint - Family with Client	0	0	0	
OP-F Family without Client	0	0	0	
OP-C Childcare	1	1	4	4.0
OP-M Case Management	1	1	2	2.0
OP-A Acupuncture	0	0	0	
OP-U Urinalysis	25	19	106	5.7
METHADONE ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
MT-I Individual	0	0	0	
MT-G Group	0	0	0	
MT-J Conjoint - Family with Client	0	0	0	
MT-F Family without Client	0	0	0	
MT-C Childcare	0	0	0	•
MT-M Case Management	0	0	0	
MT-A Acupuncture	0	0	0	•
MT-R Methadone Adjustment	0	0	0	•
MT-U Urinalysis	0	0	0	
SUPPORTIVE INTERVENTIONS (Not in Summary)	Clients	Admissions	Volume	Volume/Adm.
DX -Detox	48	61	253	4.1
TH -Transitional Housing	0	0	0	•
DD -Dual Diagnosis	2	2	43	21.5

## Service Use by Demographics

The next two tables present service summaries for modalities by demographics. Table 6 presents summaries for inpatient and outpatient services. Table 7 presents summaries for methadone and total substance abuse services.

Table 6. Inpatient and Outpatient Substance Abuse Services by Demographics for 1998 for Grant County

		Inpatient			Outpatient	
St/Co total	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Total	81	83	2,474	313	226	4,696
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-17	9	10	390	25	19	213
18-24	8	9	278	58	40	890
25-44	54	57	1,540	197	141	3,157
45-64	9	7	246	30	25	357
65+	1	0	20	3	1	79
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Male	50	49	1,271	237	166	3,719
Female	31	34	1,203	76	60	977
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*
White-NH	58	61	1,856	162	117	1,995
Black-NH	3	3	94	8	8	131
Asian	0	0	0	1	1	17
Native Am	7	7	215	16	14	180
Hispanic	13	12	309	126	86	2,373
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Married	14	12	336	81	51	1,525
Sep/Wid/Div	33	36	1,077	99	83	1,422
Single	34	35	1,061	133	92	1,749
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Not HS Grad	44	46	1,248	206	143	3,279
H.S.Graduate	37	37	1,226	107	83	1,417
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-1500/mo	78	81	2,401	269	200	4,080
1501-5000	3	2	73	44	26	616
5001+	0	0	0	0	0	0
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Household	69	69	2,130	305	218	4,599
Institutional	1	1	31	1	1	13
Group quarters	11	13	313	7	7	84

<sup>\*</sup> Inpatient volume is days. Outpatient volume is service contacts.

<sup>\*\*</sup> American Indian or Alaskan Native.

Table 7. Methadone and Total Substance Abuse Services by Demographics for 1998 for Grant County

		Methadone		Total (In/Out/Meth)			
St/Co total	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Total	0	0	0	351	309	Not appl.	
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
0-17	0	0	0	31	29	Not appl.	
18-24	0	0	0	66	49	Not appl.	
25-44	0	0	0	217	198	Not appl.	
45-64	0	0	0	33	32	Not appl.	
65+	0	0	0	4	1	Not appl.	
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Male	0	0	0	260	215	Not appl.	
Female	0	0	0	91	94	Not appl.	
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
White-NH	0	0	0	189	178	Not appl.	
Black-NH	0	0	0	10	11	Not appl.	
Asian	0	0	0	1	1	Not appl.	
Native Am	0	0	0	21	21	Not appl.	
Hispanic	0	0	0	130	98	Not appl.	
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Married	0	0	0	87	63	Not appl.	
Sep/Wid/Div	0	0	0	111	119	Not appl.	
Single	0	0	0	153	127	Not appl.	
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Not HS Grad	0	0	0	228	189	Not appl.	
H.S.Graduate	0	0	0	123	120	Not appl.	
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
0-1500/mo	0	0	0	306	281	Not appl.	
1501-5000	0	0	0	45	28	Not appl.	
5001+	0	0	0	0	0	Not appl.	
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Household	0	0	0	334	287	Not appl.	
Institutional	0	0	0	1	2	Not appl.	
Group quarters	0	0	0	16	20	Not appl.	

<sup>\*</sup> Methadone volume is service contacts. No volume is provided for Total.

## Comparisons of Need and Services Funded through DASA

The last analysis presented in this report is a comparison of rates of estimated need for services with rates of utilization of services. This comparison of use to need, in which the number of persons being served is presented as a percentage of the number of persons estimated to be in need, is called *met need*. To the extent that met need falls short of 100%, the shortfall is called *unmet need*.

<sup>\*\*</sup> American Indian or Alaskan Native.

This comparison is presented in Table 8 to facilitate identification of populations which are using fewer services than would be expected from the estimated need. Statewide, the use to need rate tends to run around 20%, suggesting a rather large amount of unmet need for treatment. However, the services identified in this comparison are only from the public sector. It is reasonable to expect that the private sector, either through insurance or self-pay, would meet some additional proportion of the estimated need. On the other hand, the estimates of need used in the comparison came only from households at or below 200% of the poverty level, who may lack any alternative to public services.

The comparisons show that some groups have less unmet need than others. This occurs in part because some populations are more likely to seek treatment than others and some programs may be better in their outreach to some populations than others. The differences may also be the result of the true local rate of need being greater or less than the estimates provided.

Table 8. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need by Demographics for Grant County Adults Living in Households, 1998

	At or be	elow 200% of P	overty	DASA Ta	rget Clients	Need Met by DASA(%)
Total	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Total	20,624	1,843	8.9	303	1.5	16.4
Age	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
18-24	3,295	652	19.8	64	1.9	9.8
25-44	9,286	2,152	10.1	204	2.2	9.5
45-64	4,155	184	4.4	31	0.7	16.8
65+	3,888	67	1.7	4	0.1	5.9
Sex	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Male	9,689	1,240	12.8	225	2.3	18.1
Female	10,935	603	5.5	78	0.7	12.9
Race/ethnicity	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
White-NH	12,550	1,323	10.5	157	1.3	11.9
Black-NH	235	17	7.1	7	3.0	42.0
Asian	104	2	2.2	1	1.0	44.3
Native Am.*	220	34	15.2	14	6.3	41.6
Hispanic	7,515	468	6.2	124	1.7	26.5
Marital	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Married	12,058	779	6.5	84	0.7	10.8
Sep/Wid/Div	4,911	391	8.0	103	2.1	26.3
Single	3,655	673	18.4	116	3.2	17.2
Education	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Below HS	10,425	590	5.7	186	1.8	31.5
HS Grad	10,199	1,253	12.3	117	1.1	9.3

<sup>\*</sup> American Indian or Alaskan Native.

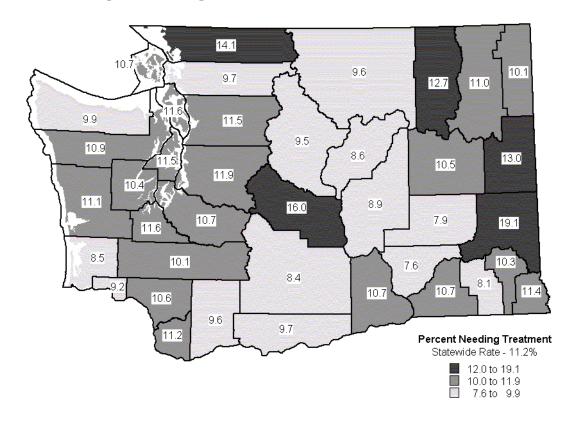
Table 9 presents the trends in the relationship between estimated need for services by adults at or below 200% of poverty and the utilization of services by services eligible adults. Youth below age 18 were not included in these comparisons because they were not included in the WANAHS survey. Although the estimated numbers in need of services change with fluctuations in the population, the overall rates of need remain relatively stable in most counties. There is somewhat more variation over time in the reported use of services and consequently in the use to need ratio.

Table 9. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need for Grant County Adults Living in Households by Year

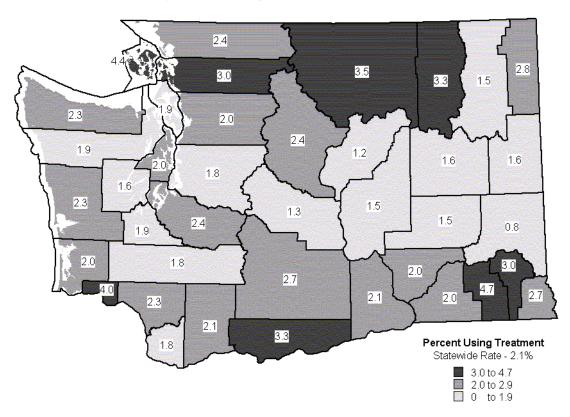
	At or l	e <b>rty</b>	DASA	Clients	<b>Need Met by DASA(%)</b>	
	Population	<b>Treatment Need</b>	Need/Pop	Clients	Use/Pop	Use/Need
Adults-1994	18,041	1,695	9.4	231	1.3	13.6
Adults-1995	18,966	1,745	9.2	350	1.8	20.1
Adults-1996	19,632	1,781	9.1	359	1.8	20.2
Adults-1997	20,193	1,821	9.0	337	1.7	18.5
Adults-1998	20,624	1,843	8.9	303	1.5	16.4

The distribution of estimated current need for substance treatment, treatment provided by DASA, and the percentage of need met by DASA are presented in the following maps for the year 1998. These estimates are for the adult population in households and are based on the demographic composition of the counties.

Current Need for Substance Abuse Treatment Services
Among Adults Living in Households At or Below 200% FPL, 1998



# Use of DASA-funded Treatment Services by Adults Living in Households, 1998



Ratio of Adults Using DASA-funded Treatment to Adults Currently Needing Treatment Among Those Living in Households At or Below 200% of FPL, 1998

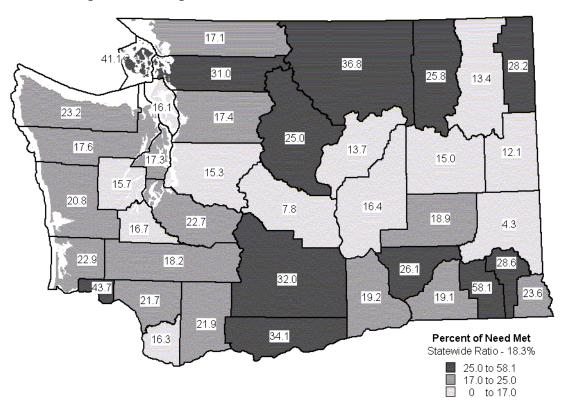
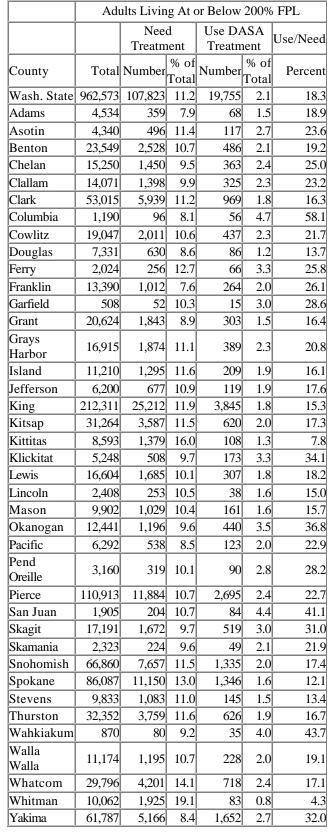
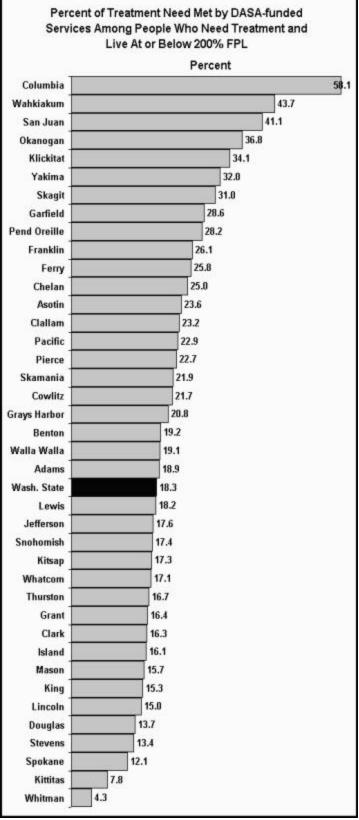


Table 10. Rates of Current Need for Treatment, Use of DASA Treatment, and Ratio of Use to Current Need by County for Washington State Adults Living in Households at or Below 200% FPL, 1998





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# Washington State Counties

